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CONFIRMATION NO. 1115

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|------------------------------------|---|---------------------|-------------------------------|--------------------------------------|
| <b>SERIAL NUMBER</b><br>10/760,586 | <b>FILING OR 371(c) DATE</b><br>01/21/2004<br><b>RULE</b> | <b>CLASS</b><br>356 | <b>GROUP ART UNIT</b><br>2877 | <b>ATTORNEY DOCKET NO.</b><br>117681 |
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* I.A.

\*\* FOREIGN APPLICATIONS \*\*\*\*\* I.A.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

04/30/2004

|   |                               |                            |                           |                                |
|---|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>AZ | <b>SHEETS DRAWING</b><br>9 | <b>TOTAL CLAIMS</b><br>32 | <b>INDEPENDENT CLAIMS</b><br>6 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                            |                           |                                |
| Verified and Acknowledged<br>Examiner's Signature <i>[Signature]</i> Initials <i>I.A.</i>   |                               |                            |                           |                                |

## ADDRESS

25944

## TITLE

Method and apparatus for measuring optical overlay deviation

|                                    |   |   |
|------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>1244 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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